

Department of Human Services

ANN SILVERBERG WILLIAMSON
Executive Director

Division of Substance Abuse and Mental Health
DOUG THOMAS
Director

July 31, 2019

Mr. Richard Bullough
Health Director, Summit County
650 Round Valley Dr. #100
Park City, Utah 84060

Dear Mr. Bullough:

In accordance with Utah Code Annotated 62A-15-103, the Division of Substance Abuse and Mental Health has completed its annual review of the contracted Local Authority, Summit County and its contracted service provider, Valley Behavioral Health; the final report is enclosed. The scope of the review included fiscal management, children, youth, family and adult mental health services, substance abuse treatment and prevention services, and general operations.

The center has many strengths; however, this report by its nature focuses on the exceptions and areas in need of improvement. The Division has approved all corrective action plans submitted by the Center/County in response to each reported finding, which have been included in the final report. If you have any questions, please contact Chad Carter (801)538-4072

We appreciate the cooperation and assistance of the staff and look forward to a continued professional relationship.

Sincerely,

DocuSigned by:

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Doug Thomas
Division Director

Enclosure

cc: Gary Larcenaire, Director, Valley Behavioral Health
Cristie Frey, Director, Valley Behavioral Health – Summit
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Aaron Newman, Director of Behavioral Health, Summit County Health Department
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Site Monitoring Report of

Summit County
Valley Behavioral Health

Local Authority Contracts #152260 and #152261

Review Date: April 9th, 2019

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Section One: Site Monitoring Report

Executive Summary

In accordance with Utah Code Section 62A-15-103, the Division of Substance Abuse and Mental Health (also referred to in this report as DSAMH or the Division) conducted a review of the Local Authority, Summit County (also referred to in this report as the County) and it’s contracted service provider, Valley Behavioral Health (also referred to in this report as Summit-VBH or the Center) on April 9th, 2019. The focus of the review was on governance and oversight, fiscal management, pediatric and adult mental health services, substance abuse prevention and treatment services and general operations.

The nature of this examination was to evaluate the Center’s compliance with: State policies and procedures incorporated through the contracting process; Division Directives; State mandated mental health services; and Preferred Practice Guidelines. During the examination, the review teams evaluated: the reliability and integrity of the Center’s data and its compliance with established programmatic and operational objectives. Additionally, the review included an examination, through sampling, of the Center’s efficient and appropriate use of financial resources.

Any program or operational inadequacies are identified in this report as non-compliance issues. The chart on the following page provides a quick reference to locate any non-compliance issues identified by the monitoring team. A detailed description of the issues can be found in the body of this report.

An interim audit was requested by the Summit County Council on December 18th, 2019. The review was completed and a final report was issued on February 28th, 2019. All issues that were found in the audit and require an action plan or follow-up from Valley Behavioral Health and Summit County are addressed in this report.

Summary of Findings

Programs Reviewed	Level of Non-Compliance Issues	Number of Findings	Page(s)
<i>Governance and Oversight</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None 2 None	8-11
<i>Child, Youth & Family Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None 1 2 None	15-16 16-17
<i>Adult Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None 1 2 1	19-20 20-21 21
<i>Substance Abuse Prevention</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None 1	23
<i>Substance Abuse Treatment</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None 7 None	27-31

Governance and Fiscal Oversight

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review of Summit County – Valley Behavioral Health (Summit-VBH). The Governance and Fiscal Oversight section of the review was conducted on April 9th, 2019 by Chad Carter, Auditor IV. Overall cost per client data was analyzed and compared to the statewide Local Authority average. Personnel and subcontractor files were examined for compliance with state licensing laws and adherence to contractual requirements, as well as the Center’s own policy. Client fees were reviewed for consistency and adherence to approved fee schedules. Executive travel reimbursements were reviewed to ensure they were appropriate and that no personal benefit has been gained. Meeting minutes were reviewed and discussions were conducted to determine if an appropriate level of involvement and financial oversight was provided by the governing board and County.

As part of the site visit, Summit-VBH provided backup to support their costs and billed amounts, using rates taken from their Medicaid Cost Report. This report is a cost study conducted by the Local Authority and then reviewed/approved by the Department of Health (DOH), Medicaid Division. This report establishes the center's cost allocation plan as it pertains to overhead/administrative costs and spreads these costs across the Current Procedural Terminology (CPT) billing codes used by the Center that year. This allows the Division to fairly incorporate these overhead/administrative costs into the payments sent for services that qualify for funding found on the Center's contract allocation letter. Random samples were taken from the backup provided to verify that the listed services qualified for each different service category.

There is a current and valid contract in place between the Division and the Local Authority. Summit County met its obligation of matching a required percentage of State funding.

As required by the Local Authority, Summit County received a single audit for the year ending December 31st, 2017. The firm Ulrich & Associates, PC completed the audit and issued a report dated June 30th, 2018. The auditors issued an unmodified opinion on the financial statements. No findings or deficiencies were reported in the audit.

The CPA firm Tanner LLC completed a single audit of Valley Behavioral Health for the year ending December 2017. The auditors issued an unmodified opinion on the financial statements in the Independent Auditor’s Report dated June 7th, 2018. No findings or deficiencies were reported in the audit.

Follow-up from Fiscal Year 2018 Audit:

FY18 Significant Non-compliance Issues:

- 1) *Executive Travel:* As a part of monitoring, travel packets are selected for executive officers as they have a higher standard for compliance and because Utah Code Title 62A-15-110-(1)(b)(i) addresses the Division’s responsibility to specifically audit executive

travel or other expenses. Travel packets were reviewed for executive officers of Valley Behavioral Health to ensure that Valley’s travel policy was being adhered to and that no personal benefit was gained from travel reimbursements. Two types of issues were found during the review:

- *Insufficient Documentation* – Three credit card receipts, without a list of items purchased, were found to be submitted and approved for meal reimbursements. VBH’s Travel Expenditure Report states, “*Attach all original and itemized receipts. Credit card receipts are unacceptable.*” If itemized receipts are not required for reimbursement approval, it would be difficult to prevent reimbursement for prohibited purchases such as personal items or alcohol.
- *Insufficient Approval* – Three Travel Expenditure Reports were found with no documented approval. This includes a travel packet submitted by the company’s CEO. VBH’s travel policy states “*Upon return, all employees will submit a completed Travel Expenditure Report to the Administrative Services Travel Coordinator within 10 days of their return; this form must be reviewed and signed by the appropriate Program Manager/ Associate Director.*” Internal Revenue Code defines exempt organization corporate officers as employees; it would be appropriate to hold the CEO to the same approval standards.

This issue has been resolved. 100% of executive travel packets were reviewed for April - November 2018. Appropriate documentation and approval were found in each of the travel packets reviewed. There were two travel packets found where the traveler did not submit an itemized receipt for meals and these amounts were deducted from the final reimbursement as dictated by their policy. VBH has made significant improvements in their review of travel reimbursements and is adhering to their travel policy.

FY18 Minor Non-compliance Issues:

- 1) *Written policies and procedures for Federal awards:* A deficiency was reported in the single audit for Valley Behavioral Health. Uniform Guidance 2 CFR 200 requires that entities that receive and manage Federal awards maintain written policies, procedures, and standards of conduct regarding federal awards. Valley Behavioral Health did not have these in place and is out of compliance.

This issue has been resolved. Valley Behavioral Health finalized a written Federal awards policy and provided a copy to the independent auditors and the Division.

Findings for Fiscal Year 2019 Audit:

FY19 Major Non-compliance Issues:

None

FY19 Significant Non-compliance Issues:
None

FY19 Minor Non-compliance Issues:

- 1) *Oversight of Contracted Services:* As the Local Authority and recipient of State and Federal funds, Summit County is responsible for the quality of services provided by their contracted service provider. DSAMH provides annual monitoring that includes a direct review of services, but the County is also contractually required to provide monitoring and oversight of services provided under the DHS Local Authority Contract. Section E. 1. c.(1) of the contract states, “*LMHA/LSAA Responsibilities Regarding Subcontracts. When the LMHA/LSAA subcontracts, the LMHA/LSAA shall at a minimum: (1) Conduct at least one annual monitoring review. The LMHA/LSAA shall specify in its Area Plan how it will monitor their subcontracts.*”

Center’s Response and Corrective Action Plan:

Action Plan: Response:

- With the establishment of a Summit County Division of Behavioral Health, the Local Authority has implemented new mechanisms in which to monitor the actions of the Local Contracted Provider. These mechanisms are now integrated within the contract of service between Summit County and University of Utah Health Plans – Health Utah Behavioral. Mechanisms include monthly reporting on identified metrics (Report list below), site visits of both LCP and provider network, and monthly engagement with the LCP. Changes to be implemented on September 1st.

#	Name of Report	Frequency	Period Reported On	Due Date
1	Penetration Report	Monthly	Year to Date	3 rd Thursday of each month
2	Provider Claim Inventory	Monthly	Year to Date	3 rd Thursday of each month
3	Contract Utilization Report	Monthly	Year to Date	3 rd Thursday of each month
4	Claim Denial Reasons	Monthly	Year to Date	3 rd Thursday of each month
5	Service Utilization by Provider	Monthly	Year to Date	3 rd Thursday of each month

6	Service Utilization by Rate Code	Monthly	Year to Date	3 rd Thursday of each month
7	Services Provided Report by Population: a.) Medicaid b.) Unfunded c.) Insurance d.) Self-Pay e.) Other	Monthly	Year to Date	3 rd Thursday of each month
8	Unduplicated Client Count: a.) Medicaid b.) Unfunded c.) Insurance d.) Self-Pay e.) Spanish Language	Monthly	Year to Date	3 rd Thursday of each month
9	Monthly Inpatient Utilization Management Report	Monthly	Year to Date	1 st Wednesday of each month
10	Monthly Residential Utilization Management Report	Monthly	Year to Date	3 rd Thursday of each month
11	MCOT, Receiving Center, Wellness & Recovery Center	Monthly	Year to Date	3 rd Thursday of each month

12	Crisis Outcomes Report	Quarterly	Quarterly & Year to Date	Quarterly submitted by the 3 rd Thursday of each month following the end of the quarter. Previously reported quarters will be re-reported with updated information.
13	Wait Time Report	Quarterly	Quarterly & Year to Date	Quarterly submitted by the 3 rd Thursday of each month following the end of the quarter. Previously reported quarters will be re-reported with updated information.

Timeline for compliance:
Person responsible for action plan:

2) *Staff Turnover:* During 2018, Summit-VBH has had an average count of 24 employees. During this period, they have had 16 employee separations and 13 new hires. There were eight separations in the first half of the year and eight in the second half. Summit-VBH experienced a 67% turnover rate for 2018. Comparing the 67% turnover rate for Summit-VBH to the United States Department of Labor - Bureau of Labor Statistics, the average separations rate in the United States for Health Care and Social Assistance in 2017 was 33.2%.¹ Turnover appears to be a significant and concerning issue for Summit-VBH since at least 2017 and is having a negative impact on services. It is recommended that Summit County and Summit-VBH make the issue of turnover a high priority and develop a plan to address factors that may be contributing to Summit-VBH’s high turnover rate.

Center’s Response and Corrective Action Plan:

Action Plan:
Valley Behavioral Health takes retention and turnover very seriously. In an effort to address the concerns related to turnover Valley Behavioral Health has implemented the following.

¹ United States Department of Labor - Bureau of Labor Statistics
<https://www.bls.gov/news.release/jolts.t16.htm>

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Valley Behavioral Health has implemented Pay for Performance to Summit-VBH staff to increase compensation for staff. Peakon (our employee satisfaction survey tool) data will be used to identify areas that Summit-VBH staff are unsatisfied with their job and/or Valley and develop strategies with the Summit-VBH leadership team to resolve the issues and make improvements. We are actively trying to fill these positions. Due to the occasional difficulty involved in hiring therapists to work in Summit County, we have recently started reaching out offering telehealth positions.

Valley Employee Retention Initiatives

- Built a new Retention Dashboard for in-depth analysis and reporting
- Developed and launched two Leadership Development courses. One for seasoned leaders and one for new leaders.
- Restructured the New Employee Orientation, hired a new Onboarding Coordinator, and deployed an Onboarding Roadmap with a focus on in-unit orientation. Developed goals to reduce 90-day and 1-year turnover.
- Deployed Peakon, a comprehensive employee engagement solution. Train managers on data analysis and impact planning. Will start sharing engagement data with employees in Skip-Level meetings.
- Leverage the predictive analytics features of the HRIS system to target and engage high flight-risk employees
- HR conducts Stay Interviews and reports trends to leadership.
- Developing a comprehensive Talent Management strategy to engage high-potential, high-performing employees in career development.

Timeline for compliance: Ongoing
Person responsible for action plan: Julie Hoggard Winn, Kristin Mchugh and Recruiting Dept

FY19 Deficiencies:
None

- FY19 Recommendations:**
- 1) *Summit Transition:* Summit County is in a transition process, where a new administrator/provider will be taking over services on September 1st, 2019. It is recommended that Summit County continue to work with Valley Behavioral Health to ensure a thoughtful transition to the new provider. DSAMH is available for assistance upon request.
 - 2) *Meal Reimbursement Policy:* Currently, Summit-VBH does not have an official policy limiting dollar amounts for meal reimbursements while traveling. Some meal reimbursements appear to be excessive, for example; \$154.19 in meal reimbursements for

one executive-level employee in one day, with an expense of \$128.95 accounting for one meal. As a recipient of State and Federal funding, it is recommended that VBH creates a policy that puts reasonable restrictions on meal reimbursements. Please consult U.S. General Services Administration (<https://www.gsa.gov/travel/plan-book/per-diem-rates>) and/or the Utah State Travel office (<https://fleet.utah.gov/state-travel-a/>) as a benchmark.

FY19 Division Comments:
None

Mental Health Mandated Services

According to Utah Code 17-43-301, the Local Authority is required to provide the following ten mandated services:

Inpatient Care

Residential Care

Outpatient Care

24-hour Emergency Services

Psychotropic Medication Management

Psychosocial Rehabilitation (including vocational training and skills development)

Case Management

Community Supports (including in-home services, housing, family support services, and respite services)

Consultation and Education Services

Services to persons incarcerated in a county jail or other county correctional facility

The mandate to provide services to those in county correctional facilities is not applicable to the children and youth population.

In subsection (4)(a)(ii) each local authority is required to “annually prepare and submit to the Division a plan approved by the county legislative body for mental health funding and service delivery, either directly by the local mental health authority or by contract.” This annual area plan provides the state Division of Substance Abuse and Mental Health with a measuring tool against which the local authority is measured during the annual monitoring site review.

A major focus of the monitoring efforts of the Division of Substance Abuse and Mental Health is to measure compliance with this legislative mandate to provide these services to the adults, youth, and children of Utah.

Child, Youth and Family Mental Health

The Division of Substance Abuse and Mental Health Children, Youth, & Families team conducted its annual monitoring review at Summit County - Valley Behavioral Health on April 9th, 2019. The monitoring team consisted of Mindy Leonard, Program Manager, and Kim Bartley, Family Coach with the Utah Family Coalition (Allies with Families). The review included the following areas: record reviews, discussions with clinical supervisors and management, program visits, and feedback from families through questionnaires and a focus group. During the visit, the monitoring team reviewed Fiscal Year 2018 audit findings and County responses; statistics, including the Mental Health Scorecard; Area Plans; Youth Outcome Questionnaires; family involvement; Family Resource Facilitation (Peer Support); High Fidelity Wraparound; Multi-Agency Coordinating Committee; school-based behavioral health; Mental Health Early Intervention funding; civil commitment; compliance with Division Directives; and the Center’s provision of the ten mandated services as required by Utah Code 17-43-301.

Follow-up from Fiscal Year 2018 Audit

FY18 Significant Non-compliance Issues:

- 1) *Continuity of Care:* DSAMH is concerned about the significant staff turnover at Summit-VBH. The loss of 14 staff prior to the monitoring visit with five more staff giving notice of intent to leave, including the loss of Spanish-speaking staff, creates a challenge for Summit-VBH to provide critical services. Staff turnover also leads to long wait times between appointments, repeated therapist changes and inconsistent care for clients. DSAMH appreciates efforts to increase the percentage of children and youth being served by Summit-VBH. However, the high caseload size per therapist leads to concerns about the level of care each client is receiving, and an inability to provide crisis care is unacceptable.

This finding has not been resolved and will be continued in FY19; see Significant Non-Compliance Issue #1.

FY18 Minor Non-compliance Issues:

- 1) *Objectives:* During the chart review, objectives in seven of ten of the charts were vague, were not measurable, lacked meaning for children youth and families, did not provide an identified timeframe, and/or were difficult for a child or youth to achieve. Examples include: client “will develop better attachment with his mother” and “He will learn about emotions and ways to reduce the feelings of anger and sadness when he feels these emotions.” Division Directives require that objectives be “measurable, achievable and within a timeframe.”

This issue has been resolved. Only two of the ten charts monitored lacked measurable goals, which was a marked improvement over FY18. This will no longer be addressed as a finding.

- 2) *Youth Outcome Questionnaires:* Summit-VBH is not administering the Youth Outcome Questionnaire (YOQ) at the frequency required by DSAMH. Through records reviews, YOQs were not administered at the required frequency of at least once every 30 days in six

of ten charts reviewed. The Division Directives state “DSAMH will require that the OQ/YOQ be given to patients and consumers at intake, every thirty days or every visit (whichever is less frequent), and at discharge/discontinuation (inpatient stays for community mental health are exempt).

This issue has not been resolved and will be continued in FY19; See Minor Non-Compliance Issue #2.

FY18 Deficiencies:

- 1) *Community Engagement and Outreach:* Community partners continued to voice concerns regarding Summit-VBH's ability to nurture community partnerships because of recent policy changes within Summit-VBH. Community partners stressed the importance of Summit-VBH having a strong presence in the community, as well as the vital role Summit-VBH plays in the community as the County mental health center. In order to provide the level of oversight and coordination as required by Utah Code 62A-15-608 and DSAMH Division Directives, it is critical that Summit-VBH continue to cultivate their community engagement and outreach. Local staff at Summit-VBH have built strong relationships with their community partners and community members appreciate that Summit-VBH staff have had a history of responsiveness and commitment to community engagement.

This issue has not been resolved and will be continued in FY19; See Minor Non-Compliance #1.

Findings for Fiscal Year 2019 Audit

FY19 Major Non-compliance Issues:

None

FY19 Significant Non-compliance Issues:

- 1) *Continuity of Care:* Summit-VBH continues to have excessive staff turnover with a 67% turnover rate for 2018. Staff turnover contributes to long wait times between appointments, continued therapist changes for children and their families, and inconsistent care for clients. The high caseload size for each therapist leads to concerns about the level of care each client is receiving, and an inability to provide a full continuum of care to each individual in need. Summit-VBH has been without a clinical director on site for several months. The staff state “The acting director does not come to the center.” Access to care for an initial appointment may require a wait of over three weeks, evidenced through a cold call to the center.

Center’s Response and Corrective Action Plan:

Action Plan: VBH has filled two therapist position in the last 2 months, one is Spanish speaking. We are actively trying to fill all positions. See retention plan for Governance and oversight 2. Average Caseload per therapist with the two new hires. this will increase access at the Summit Unit.

Action Plan:Valley Behavioral promoted Cristie Frey, LCSW to Attending Clinician over Summit County in January 2019. It is the responsibility of the Attending Clinician to provider service and supervision to Valley Behavioral Health-Summit. The Attending Clinician provides clinical oversight and support in weekly summit staffing meetings and clinical casing meetings as well as provides any other clinical support needed by the treatment team. In areas that the Attending Clinician needs support, the Attending Clinician reaches out to the Senior Clinical Director to assist. The Senior Clinical Director attends community meetings and Valley Behavioral Health meeting in Salt Lake, as well as attends the monthly Summit Alliance Executive Committee meeting.

Timeline for compliance: Ongong

Person responsible for action plan: Julie Hoggard Winn

FY19 Minor Non-compliance Issues:

- 1) *Community Engagement and Outreach:* Community partners have voiced concerns about Summit-VBH’s ability to participate in community mental health activities and to serve on community boards. In order to provide the level of oversight and coordination as required by Utah Code 62A-15-608 and DSAMH Division Directives, it is critical that Summit-VBH continue to cultivate their community engagement and outreach. Summit-VBH has not had a clinical director on site to help with community engagement and involvement. The additional duties that the therapists and other line staff have, along with large caseloads do not allow for them to have time to foster community relations.

Center’s Response and Corrective Action Plan:

Action Plan:Valley Behavioral promoted Cristie Frey, LCSW to Attending Clinician over Summit County in January 2019. It is the responsibility of the Attending Clinician to provider service and supervision to Valley Behavioral Health-Summit. The Attending Clinician provides clinical oversight and support in weekly summit staffing meetings and clinical casing meetings as well as provides any other clinical support needed by the treatment team. In areas that the Attending Clinician needs support, the Attending Clinician reaches out to the Senior Clinical Director to assist. The Senior Clinical Director attends community meetings and Valley Behavioral Health meeting in Salt Lake, as well as attends the monthly Summit Alliance Executive Committee meeting.

Timeline for compliance: July 15, 2019

Person responsible for action plan: Julie Hoggard-Winn

- 2) *Youth Outcome Questionnaires:* Summit-VBH is not administering the Youth Outcome Questionnaire (YOQ) at the frequency required by DSAMH. Through records reviews, YOQ were not administered at the required frequency of at least once every 30 days in four of the ten charts reviewed. “DSAMH will require that the OQ/YOQ be given to patients and consumers at intake, every thirty days or every visit (whichever is less frequent), and at discharge/discontinuation (inpatient stays for community mental health are exempt). Three of the ten charts reviewed did not indicate that the YOQ is being used in treatment. Division

Directives state “Data from the OQ or YOQ shall be shared with the client and incorporated into the clinical process, as evidenced in the chart.”

Center’s Response and Corrective Action Plan:

<p>Action Plan: Summit’s Attending Clinician, Cristie Frey, will conduct a training for OQ/YOQ administration by July 1, 2019. The training will include the frequency of distribution and how to document that a OQ/YOQ was administered and discussed in client’s charts.</p> <p>Timeline for compliance: July 1, 2019</p> <p>Person responsible for action plan: Cristie Frey and Julie Hoggard-Winn</p>
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FY19 Deficiencies:

None

FY19 Recommendations:

None

FY19 Division Comments:

- 1) *School-Based Services:* Summit-VBH provides School-Based Behavioral Health (SBBH) services in schools throughout the district including two charter schools. The schools report being appreciative of the services being offered and report using Summit-VBH as much as they can. Many of the therapists are new but are dedicated to supporting SBBH services and parents report being appreciative of the services that Summit-VBH has been able to provide. There has been a reduction in school based services due to lack of therapists to take new clients. Summit-VBH is recommended to continue to increase capacity and strengthen the relationships for SBBH.

Adult Mental Health

The Adult Mental Health team conducted its annual monitoring review of Summit County - Valley Behavioral Health on April 9th, 2019. The team included, Mindy Leonard, Mental Health Program Manager. The review included the following areas: Discussions with clinical supervisors, management teams and staff, record reviews, interviews with individuals in treatment, and a site visit to the Summit County Jail. During the discussions, the team reviewed the FY18 audit; statistics, including the Mental Health Scorecard; area plans; Outcome Questionnaires and the center’s provision of the ten mandated services as required by Utah Code 17-43-301.

Follow-up from Fiscal Year 2018 Audit

FY18 Significant Non-compliance Issues:

- 1) *Continuity of Care:* DSAMH continues to be concerned about the significant staff turnover at Summit-VBH. The loss of 14 staff prior to the monitoring visit with five more staff giving notice of intent to leave, including the loss of Spanish-speaking staff, makes it extremely difficult to provide critical services. The reported poor response to a crisis incident in April 2018 demonstrates the lack of ability to react to client needs due to loss of staff. Staff turnover also leads to long wait times between appointments, repeated therapist changes and inconsistent care for clients. The “*Valley Behavioral Health Internal Audit: Individual Psychotherapy*” (February 2018) reflected that 56.67% of clients reviewed were under-utilizing services. DSAMH appreciates efforts to increase the percentage of people designated as “Seriously Mentally Ill” (SMI) being served by Summit-VBH. However, the high caseload size per therapist leads to concerns about the level of care each client is receiving, which also shows an inability to provide appropriate indicated crisis care which needs to be addressed.

This issue has not been resolved and will be continued in FY19; see Significant Non-compliance Issue #1.

FY18 Minor Non-compliance Issues:

- 1) *Use of the Outcome Questionnaire (OQ) as an Intervention:* Review of the OQ was only evident in five of nine charts reviewed. This is reflected in the “*Valley Behavioral Health Internal Audit: Individual Psychotherapy*”, which reported a drop from 69% (August 2017) to 60% (February 2018) of charts that included incorporation of the OQ as part of the clinical process. Division Directives require that data from the OQ be shared with the client and incorporated into the clinical process, as evidenced in the chart.

This issue has not been resolved and will be continued in FY19; see Minor Non-compliance Issue #1.

FY18 Deficiencies:

- 1) *Community Engagement and Outreach:* Community partners have voiced concerns about Summit-VBH's ability to participate in community mental health activities and to serve on community boards. In order to provide the level of oversight and coordination as required by Utah Code 62A-15-608 and DSAMH Division Directives, it is critical that Summit-VBH continue to cultivate their community engagement and outreach. Summit-VBH has not had a clinical director on site to help with community engagement and involvement. The additional duties that the therapists and other line staff have, along with large caseloads, do not allow for them to have time to foster community relations.

This issue has not been resolved and will be continued in FY19; see Minor Non-compliance Issue #2.

- 2) *Documentation/Objectives:* Six of the nine (67%) of charts reviewed did not have measurable goals. This is in contrast to the "*Valley Behavioral Health Internal Audit Report: Care Plan*" (January 2018) that reported 80% of short-term "SMART" goals met a requirement of being "individualized and outcome oriented". Although measurability is included in the Valley Behavioral Health Medical Record Review Audit Tool (Short-term goals - Simple, Specific, Measurable, Actionable, Attainable, Reasonable, Time-Specific), objectives do not meet measurability standards. Several objectives listed a duration and frequency of treatment and not a method of measuring progress toward goals. The Division Directives state that objectives should be "behavioral changes that are measurable, short term and tied to the goals." Summit-VBH is encouraged to review the use of the audit tool, to ensure that those who are doing reviews understand that measurability should reflect a method to identify treatment progress.

This issue has not been resolved and will be continued in FY19; see Deficiency #2.

Findings for Fiscal Year 2019 Audit**FY19 Major Non-compliance Issues:**

None

FY19 Significant Non-compliance Issues:

- 1) *Continuity of Care:* DSAMH continues to be concerned about the significant staff turnover at Summit-VBH. The high caseload size per therapist leads to concerns about the level of care each client is receiving, which also shows an inability to provide appropriate indicated crisis care which needs to be addressed. The Summit County Jail was interviewed and they stated that "it can take weeks for someone to show up". They stated it is usually a case manager and not a therapist, and that they have no one to conduct assessments at the jail. They have transported clients to Salt Lake to get assessments completed. The jail reports that they are not comfortable contacting Summit-VBH for services, due to lack of trust and commitment from Summit-VBH. Summit-VBH will need to dedicate extra effort to ensure that the clients in the jail are getting their needs met.

Center’s Response and Corrective Action Plan:

Valley Behavioral Health has hired a full time CSW and LCSW in the past month to assist in assessments, individual and group therapy, crisis management and other treatment services. Summit-VBH Clinical and Business team will meet with the Summit County Jail to discuss barriers that the jail has encountered with getting their client assessment and create a procedure with VBH to ensure timely access.

Timeline for compliance: August 1, 2019
Person responsible for action plan: Julie Hoggard-Winn

FY19 Minor Non-compliance Issues:

- 1) *Administration of Outcome Questionnaires(OQ) and use of the OQ as a Clinical Tool:*
Summit-VBH is not administering the Outcome Questionnaire (OQ) at the frequency required by DSAMH. Although the FY18 Adult Mental Health scorecard indicates that the OQ has been administered to 88.1% of clients, the chart review demonstrated that the OQ was not administered at least once every 30 days in four of ten charts. Three of the ten charts reviewed also lacked evidence of the OQ being used in the clinical process. Division Directives require that data from the OQ be shared with the client and incorporated into the clinical process, as evidenced in the chart. Administration of the OQ and use of the OQ as a clinical tool has been a finding in the FY17 and FY18 Monitoring Reports. DSAMH encourages Summit-VBH to train staff on the appropriate administration and use of the OQ.

Center’s Response and Corrective Action Plan:

Action Plan: Summit’s Attending Clinician, Cristie Frey, will conduct a training for OQ/YOQ administration by July 1, 2019. The training will include the frequency of distribution and how to document that a OQ/YOQ was administered and discussed in client’s charts. Clinical teams will complete chart audits on a minimum of 5% (in accordance with DSAMH State standards) of charts at Summit to ensure appropriate services and documentation.

Timeline for compliance: Completed
Person responsible for action plan: Cristie Frey

- 2) *Community Engagement and Outreach:* In order to provide the level of oversight and coordination as required by Utah Code 62A-15-608 and DSAMH Division Directives, it is critical that Summit-VBH continue to cultivate their community engagement and outreach. Summit-VBH has been without a clinical director for a long period of time and staff report that “the acting director does not come to the center”. The current therapists have large caseloads and are doing additional duties. Several of the current therapists have caseloads of

over 60 and also provide support for drug court. There is no staff available to work with the community and outreach coalitions.

Center’s Response and Corrective Action Plan:

Action Plan: Summit-VBH has filled two therapist position in the last 2 months, one is Spanish speaking. We are actively trying to fill all positions. See retention plan for Governance and oversight 2. Average Caseload per therapist with the two new hires.
Timeline for compliance: Ongoing
Person responsible for action plan: Recruitment, Kristin Mchugh and Julie Hoggard-Winn

FY19 Deficiencies:

- 1) *Measurable Goals/Objectives:* During the chart review, objectives in four of ten of the charts were vague and not measurable. Some examples include “A decrease in OQ score” and “will manage stress and not feel overwhelmed. Division Directives require that objectives be “measurable, achievable, and within a timeframe.” SMART goals should be a part of training that therapists receive when they are employed by the LMHA. Summit-VBH is encouraged to review the use of the audit tool, to ensure that those who are doing reviews understand that measurability should reflect a method to identify treatment progress.

Center’s Response and Corrective Action Plan:

Action Plan: Valley's Senior Clinical Treatment Team created a step by step training for completion of Medicaid approved Care Plan (treatment planning) with an emphasis on SMART goals . Summit Therapist will be trained on Care Plans by Summit’s Attending Clinician. Clinical teams will complete chart audits on a minimum of 5% (in accordance with DSAMH State standards) of charts at Summit to ensure appropriate services and documentation.
Timeline for compliance: July 1, 2019
Person responsible for action plan: Julie Hoggard-Winn

FY19 Recommendations:

- 1) *Penetration to Adults with Serious Mental Illness (SMI):* Summit-VBH has the lowest level of penetration in the State, serving only 7.9% of adults with SMI in Summit county (FY18 state-18.3%), as reported on the FY18 Adult Mental Health scorecard. It is recommended that Summit-VBH review barriers to services, to ensure that individuals who want to receive treatment are able to access services.

FY19 Division Comments:

- 1) *CONNECT Summit County:* DSAMH commends CONNECT Summit County for community outreach and development of a user-friendly and comprehensive website for mental health resources in Summit County (connectsummitcounty.org).

Substance Use Disorders Prevention

Becky King, Program Administrator, conducted the annual prevention review of Summit County - Valley Behavioral Health on April 9th, 2019. The review focused on the requirements found in State and Federal law, Division Directives, and contracts. In addition, the review evaluated the services described in the annual prevention area plan and the data used to establish prevention priorities

Follow-up from Fiscal Year 2018 Audit

FY18 Deficiencies:

- 1) Summit-VBH did not reach the target of 90% of retail establishments that refused to sell tobacco to a minor during compliance checks (Synar). Summit County’s rate of compliance was 81.5%.

In FY18, Summit-VBH reached a 89% compliance rate for their SYNAR checks, which does not meet Division Directives.

This issue has not been resolved and will be continued in FY19; see Deficiency #1.

- 2) Summit-VBH saw a decrease in the number of Eliminating Alcohol Sales to Youth (EASY) Compliance Checks for FY17. In FY16, Summit had 115 compliance checks and in FY17 had 89 checks.

This issue has been resolved. In FY18, Summit-VBH had 80 EASY compliance checks, with 76 stores that passed and four stores that failed the checks, which is a 95% compliance rate. This now meets Division Directives.

Findings for Fiscal Year 2019 Audit

FY19 Major Non-compliance Issues:

None

FY19 Significant Non-compliance Issues:

None

FY19 Minor Non-compliance Issues:

None

FY19 Deficiencies:

- 1) Summit-VBH did not reach the target of 90% of retail establishments that refused to sell tobacco to a minor during compliance checks (Synar). Summit County’s rate of compliance was 89%.

Center’s Response and Corrective Action Plan:

<p>Action Plan: The Summit County Prevention team will meet with the Summit County Health Promotions Director to discuss a way to improve the compliance rate.</p> <p>Timeline for compliance: By September 30th 2019</p> <p>Person responsible for action plan: Pamella Bello</p>

FY19 Recommendations:

- 1) *Capacity Building - Coalitions:* Individuals in the smaller communities have not felt comfortable participating in the large CTC Coalition in their community. Summit-VBH is looking to start smaller coalitions for these communities. It is recommended that Summit-VBH continue to build capacity and work with these small communities to build effective coalitions.
- 2) *Training:* It is recommended that Summit-VBH and Summit County Mental Wellness Alliance Coalition develop an action plan related to capacity building to include the use of technology such as video conferencing, conference calls and email communication to help staff remain involved and participate in state meetings.

FY19 Division Comments:

- 1) *Staff Dedication:* The Prevention Director and Coordinator have been facilitating most of the prevention groups, working with community partners and the Summit County Mental Wellness Alliance Communities that Care (CTC) Coalition to ensure that risk and protective factors are being addressed in their community. They recently hired a bilingual prevention specialist who speaks Spanish and English, which has expanded the number of services provided to their Latino community, which consists of 30% of their population in Park City. Summit County is teaching classes in English and Spanish, which includes publications and hand-outs in Spanish and English as well.
- 2) *Community Mobilization:* Summit-VBH has made efforts to mobilize their community to start a coalition in their local area. The Park City School District Superintendent organized a group of key leaders in their community which included the Summit County prevention team. They met to discuss a plan for addressing youth substance use and after several meetings, the group implemented a coalition using the Communities that Care (CTC) framework, which is known as the Summit County Mental Wellness Alliance CTC. Since the development of this CTC, several sub-committees have been formed which are addressing various issues and concerns for their community, which are making a positive difference in their community.

- 3) *Community Collaboration and Outreach:* Summit County has been able to implement several evidence-based strategies in their community due to their approach in asking the community what their needs are, rather than telling them which strategies they are planning to implement. The Summit Prevention Team has built strong relationships and credibility with the community, which has resulted in a willingness from community members to implement strategies and programs. For example, they have been going to the schools and offering services, such as teaching a Prime for Life Class in the Safe Schools Violation Program, which are offered in English and Spanish. They have also strengthened partnerships with community health providers, such as the People's Health Clinic, which has expanded health and wellness efforts. Through these efforts, Summit County has been able to build and sustain prevention services in their community.

Substance Use Disorders Treatment

Becky King, Administrator, conducted the review of Summit County - Valley Behavioral Health Substance Use Disorders Treatment Program on April 9th, 2019, which focused on Substance Abuse Treatment (SAPT) Block Grant Compliance; Drug Court; clinical practice and compliance with contract requirements. Drug Court was evaluated through staff discussion, clinical records, and the Drug Court Scorecard. Clinical practices and documentation were evaluated by reviewing client charts and discussing current practices. Adherence to SAPT Block Grant requirements and contract requirements were evaluated by a review of policies and procedures by interviews with Summit County staff. Treatment schedules, policies, and other documentation were viewed. The Utah Substance Abuse Treatment Outcomes Measures Scorecard results were reviewed with Summit County staff. Client satisfaction was measured by reviewing records and Consumer Satisfaction Survey data. Finally, additional data was reviewed for opiate use rates in Summit County.

Follow-up from Fiscal Year 2018 Audit

FY18 Significant Non-compliance Issues:

1) The FY17 Utah Outcomes Data Measures Scorecard shows:

- a) In FY17 the percent increase in those reporting other drug abstinence from admission to discharge went from 23.8% to 22.9%, which does not meet Division Directives. This was also a finding in 2017 site audit.

Division Directives require: *Abstinence from Drugs: The Local Substance Abuse Authorities' Outcome Scorecard will show that they increased the percentage of clients who are abstinent from drugs from admission to discharge at a rate that is greater than or equal to 75% of the National Average. Abstinence from drugs is defined as no drug use for 30 days.*

This issue has been resolved. The percent of drug abstinence from admission to discharge increased from 22.9% in the FY17 to 25.0% in the FY18 respectively, which now meets Division Directives.

- b) In FY17, the percent of client employed from admission to discharge decreased from -33.2% to -7.2%, which does not meet Division Directives. This has been a consecutive finding in the site audits performed in 2016, 2017 and currently for 2018.

Division Directives require: *Increase in Employment: Local substance Abuse Authorities' Outcome Scorecard will show that they increased the percentage of their clients who were employed full/part time or enrolled as a student from admit to discharge at a rate greater to or equal to 75% of the national Average.*

The percent of clients employed from admission to discharge decreased from -7.2% in the FY17 to -1.1% in the FY18, which does not meet Division Directives.

This issue has not been resolved and will be continued in FY19; see Minor Non-Compliance Finding #1(a).

- 2) *Continuity of Care:* DSAMH is concerned about the excessive staff turnover at Summit-VBH. Between July 2017-May 2018, 14 employees have separated from employment and five additional staff have turned in notice to leave in the next month, including the Spanish Speaking therapist that facilitated all of the Spanish treatment services. These high rates of turnover have resulted in the inability to provide required crisis and treatment services. Incident reported April 2018: Summit-VBH was unable to provide required crisis care due to insufficient numbers of employees on staff at time of incident.

Summit-VBH continues to experience excessive staff turnover. Since February 2, 2019, the following staff have left Valley-VBH: Drug Court Case Manager, two mental health staff and the laboratory technician. However, they also hired one therapist and are planning to hire another one soon and will be hiring one support staff member for the front desk. Staff turnover continues to be an issue which affects continuity of care.

This issue has not been resolved and will be continued in FY19; see Minor Non-Compliance Finding #2.

FY18 Minor Non-compliance Issues:

- 1) The FY17 Utah Outcomes Data Measures Scorecard shows:
- a) Decreased Criminal Justice Involvement- percent decrease in number of clients arrested prior to admission vs. prior to discharge went from 82.3% in FY16 to 14.6% in FY17, which does not meet Division Directives.

Division Directives require: Decrease in Criminal Activity: Local Substance Abuse Authorities' Outcome Scorecard will show that they decreased the percentage of their clients who were involved in criminal activity from admission to discharge at a rate greater to or equal to 75% of the national average. Criminal activity is defined as being arrested within the past 30 days.

The percent of clients involved in the criminal justice system from admission to discharge went from 14.6% in FY17 to 6.0% in the FY18, which does not meet Division Directives.

This issue has not been resolved and will be continued in FY19; see Minor Non-Compliance Finding #1(b).

- b) The percent of clients retained in treatment 60 or more days decreased from 69.5% to 69.2% respectfully. This does not meet Division Directives.

Division Directives Require: *Retention in Treatment: Local Substance Abuse Authorities will meet or exceed their FY2017 treatment retention in FY2018 and will work towards achieving a goal of 70%. Local Substance Abuse Authorities whose FY2017 retention rate was over 70% are required to meet or exceed a 70% retention rate in FY2018. Retention is defined as the percentage of clients who remain in treatment over 60 days.*

This issue has been resolved. The percent of clients retained in treatment 60 days or more increased from 63.0% in FY17 to 72.2% in FY18, which now meets Division Directives.

FY18 Deficiencies:

- 1) *Community Engagement and Outreach:* Community partners expressed concerns regarding Summit-VBH’s ability to continue to nurture necessary partnerships because of recent policy changes and time requirements for staff. Community partners expressed the importance of Summit-VBH having a strong presence in the community as well as the vital role Summit-VBH plays in the community as the County SUD treatment provider. It is recommended that Summit-VBH continue to cultivate their community engagement and outreach.

This issue has not been resolved and will be continued in FY19; see Minor Non-Compliance Finding #7.

- 2) *Training and Educational Requirements:* Summit-VBH has been very proactive in the past to ensure that their staff received trainings for evidence based practices, best practice standards, educational curriculum, certifications, continuing education units, etc. These educational opportunities are very important to establish and maintain a solid educational foundation. New productivity policies by Valley Behavioral Health have limited the ability for staff to participate in trainings, conferences, educational opportunities, conduct community outreach activities, attend partnership meetings or other State agency meetings, etc. It is reported that staff are reprimanded for participating in activities that do not allow them to satisfy the new productivity standards.

This issue has been resolved. Summit-VBH attended state and other important training events last year.

Findings for Fiscal Year 2019 Audit:

FY19 Major Non-compliance Issues:
None

FY19 Significant Non-compliance Issues:
None

FY19 Minor Non-compliance Issues:

- 1) The FY18 Substance Use Disorders Outcomes Scorecard Shows:
 - a) The percent of clients employed from admission to discharge decreased from -7.2% in the FY17 to -1.1% in the FY18 respectively, which does not meet Division Directives.

Center’s Response and Corrective Action Plan:

Action Plan: Valley recognizes that there is a deficiency in our data entry process that may be contributing to the overall data decreases year over year. In order to remedy this Summit leadership will be requesting a technical assistance training and then work to train all of the clinical and operation downlines to be compliant with this.

Timeline for compliance: July 17, 2019

Person responsible for action plan: Julie Hoggard- Winn and Kristin Mchugh

- b) The percent of clients involved in the criminal justice system from admission to discharge went from 14.6% in the FY17 to 6.0% in the FY18 respectively, which does not meet Division Directives.

Center’s Response and Corrective Action Plan:

Action Plan: Valley recognizes that there is a deficiency in our data entry process that may be contributing to the overall data decreases year over year. In order to remedy this Summit leadership will be requesting a technical assistance training and then work to train all of the clinical and operation downlines to be compliant with this.

Timeline for compliance: July 17, 2019

Person responsible for action plan: Julie Hoggard- Winn and Kristin Mchugh

- 2) *Continuity of Care:* Summit-VBH continues to experience excessive staff turnover; however, current staff have been providing crisis and treatment services to the best of their ability. Since February 2, 2019, the following staff have left Valley-VBH: Drug Court Case Manager, two mental health staff and the laboratory technician. However, they also hired one therapist and are planning to hire another one soon. They also hired a Spanish Speaking Prevention Specialist and will be hiring one support staff for the front desk. Summit County is in the process of contracting with a new company who will be taking over services September 1, 2019. They have also formed a committee consisting of community members to assist Valley-VBH with the transition process to ensure that services are being provided. Staff turnover continues to be an issue which affects continuity of care.

Center’s Response and Corrective Action Plan:

Action Plan: Summit-VBH has filled two therapist positions in the last 2 months, one is Spanish speaking. We are actively trying to fill all positions. See retention plan for Governance and oversight 2. Average Caseload per therapist with the two new hires.

Timeline for compliance: Ongoing
Person responsible for action plan: Recruitment, Kristin Mchugh and Julie Hoggard-Winn

- 3) The FY18 Substance Use Disorder Consumer Satisfaction Survey shows:
- a) Youth satisfaction was 70%, which is below the national average of 75%. This does not meet Division Directive requirements.

Center’s Response and Corrective Action Plan:

Action Plan: Summit-VBH will review past youth satisfaction survey and determine areas of improvement and create an improvement plan to address the identified areas

Timeline for compliance: August 1, 2019
Person responsible for action plan: Julie Hoggard-Winn

- b) The percent of Youth (Family) Surveys that were collected was 5.7%, which is below the required 10% in Division Directives.

Center’s Response and Corrective Action Plan:

Action Plan: This has been a difficult population to capture. In an effort to achieve this stated goal we will oversample this subset of the population by 10% to achieve the current goals put forth in the division directives.

Timeline for compliance: Ongoing
Person responsible for action plan: Kristin Mchugh

- 4) *Old Open Admissions:* Summit-VBH had 10.4% of old open admissions in their chart system, which is above the standard of 4% in Division Directives.

Center’s Response and Corrective Action Plan:

Action Plan: Valley's Senior Clinical Treatment Team created a step by step training for completion of Medicaid approved discharges. Summit Therapist will be trained on discharges by Summit’s Attending Clinician. Clinical teams will complete chart audits on a minimum of 5% (in accordance with DSAMH State standards) of charts at Summit to ensure appropriate services and documentation.

Timeline for compliance: July 1, 2019
Person responsible for action plan: Julie Hoggard- Winn

- 5) *Medication Assisted Treatment:* The Treatment Episode Data Set (TEDS) showed that Summit-VBH did not admit or serve individuals on Medication Assisted Treatment (MAT)

in the FY18; however, Summit-VBH stated that they provided MAT to clients over the past year. It is recommended that Summit-VBH receive technical assistance from the DSAMH Data Team regarding MAT TEDS specifications and data entry requirements.

Center’s Response and Corrective Action Plan:

<p>Action Plan: VBH has reviewed internal data related to the use of MAT. In FY18 we were providing MAT. It is clear that admissions are not being reported appropriately in the TEDS data. The Summit County Operations Director will be setting up a training call for technical assistance with DSAMH Data team and specifications with data entry requirements. She will then host a training with the business and clinical Teams</p> <p>Timeline for compliance: July 15, 2019</p> <p>Person responsible for action plan: Kristin McHugh</p>

- 6) *Priority Populations:* Summit-VBH has not been asking women who call for services if they are pregnant nor have they been asking men or women about Intravenous (I.V.) drug use. It is recommended that Summit-VBH front desk support staff ask women if they are pregnant and men and women regarding I.V. drug use when they call for services. Once this information has been gathered, Summit-VBH needs to ensure that pregnant women and individuals with I.V. drug use are given priority into treatment and that pregnant women (with or without I.V. drug use) enter services within 48 hours.

Center’s Response and Corrective Action Plan:

<p>Action Plan: A training was conducted on (sign in sheets available) to address priority populations. The front office staff have been trained to ask about IV drug use and pregnancy when client call for services. Priority will be given to clients who are pregnant or individuals with IV</p> <p>Timeline for compliance: Completed</p> <p>Person responsible for action plan: Kristin Mchugh</p>

- 7) *Community Engagement and Outreach:* Community partners spoke highly of Summit-VBH but expressed concerns regarding Summit-VBH’s ability to continue to nurture necessary the partnerships because of recent policy changes and time requirements for staff. Community partners expressed the importance of Summit-VBH having a strong presence in the community as well as the vital role Summit-VBH plays in the community as the County SUD treatment provider.

Center’s Response and Corrective Action Plan:

<p>Action Plan: VBH will support community events throughout the year with booths to educate residents to our programs. Summit – VBH will support our rural community partners by engaging in local parades including parade in Park City. Summit – VBH will support community stakeholders by allowing staff to attend Q & As and panel discussions without any</p>

penalties to direct service hours. Summit – VBH will continue to aid stakeholders with crisis support and outreach. All services will provided without any penalties to staff
Timeline for compliance: Ongoing
Person responsible for action plan: Julie Hoggard-Winn and Kristin Mchugh

FY19 Deficiencies:
None

FY19 Recommendations:

1) *Peer Reviews:* Valley-VBH has been conducting internal peer review audits for their team and with other programs at Valley Behavioral Health; however, they have not participated in the Utah Behavioral Health Committee (UBHC) Peer Reviews in the Local Authority System since their Program Director left last year. It is recommended that Summit-VBH resume their involvement in the UBHC Peer Reviews once they are fully staffed and their treatment program has become stable.

FY19 Division Comments:

1) *Staff Dedication:* There is a small treatment team at Valley-VBH that is dedicated to staying at VBH through their transition to a new program to ensure that the needs of their clients and families are being met. Clients have formed good relationships with Summit-VBH and have continued to check in with their therapists years after their treatment has finished. This dedication has helped many clients maintain long term recovery and stability in the community.

2) *Drug Court:* The Drug Court Program in Summit County does very well and has a committed group of professionals working together to serve the needs of clients in their program. The Judge, law enforcement, Adult Probation and Parole, the Defence and Prosecuting Attorney’s Office, Summit VBH-Treatment Team and other community members are actively involved in the weekly Drug Court meetings. The Summit City and County Council also attend all of the Drug Court graduations. The Summit Drug Court Program has helped many clients to maintain long term sobriety and live productive lives.

3) *Clinical Charts:* Summit-VBH made improvements to their clinical charts over the past year, including the following: (1) There is evidence of criminogenic risk screening and the Risk and Needs Triage (RANT) is now being scanned into the chart (2) Goals and objectives were specific, measurable, time limited and achievable (3) Individual and group notes showed progress or lack of progress in treatment (4) Discharge plans showed follow up for recovery support referrals and (5) tobacco cessation was included in the recovery plan (*Chart #'s: 1336540, 0341820, 2117749, 2131749, 1309740*).

4) *Suicide Prevention:* Summit-VBH is dedicated to suicide prevention in their community. They have developed the “Hope Elevated- Choose Life” Project, which is a project originally developed through National Health Services of Scotland. The Summit-VBH Treatment and Prevention team have been working together to provide Question, Persuade

and Refer (QPR) training for their community in English and Spanish, and trained 1,200 individuals in their community last year. Among the organizations that were trained were the North Summit Fire Department, Advocacy and Aging Committee and several other groups. Summit County has the second largest aging population in the community, so Summit-VBH has been focusing many of their efforts in this area. Summit-VBH will be contracting with Veil, Westate and Deer Valley to provide QPR trainings in the future. In addition to QPR and Mental Health First Aid Training, Summit-VBH is using the Columbia Suicide Severity Rating Scale (C-SSRS) and Stanley Brown Safety Planning to screen individuals for suicide and develop safety plans as needed.

Section Two: Report Information

Background

Utah Code Section 62A-15-103 outlines duties of the Division of Substance Abuse and Mental Health. Paragraph (2)(c) states that the Division shall:

- Consult and coordinate with local substance abuse authorities and local mental health authorities regarding programs and services,
- Provide consultation and other assistance to public and private agencies and groups working on substance abuse and mental health issues,
- Receive, distribute, and provide direction over public funds for substance abuse and mental health services,
- Monitor and evaluate programs provided by local substance abuse authorities and mental health authorities,
- Examine expenditures of any local, state and federal funds,
- Monitor the expenditure of public funds by local substance abuse authorities and mental health authorities,
- Contract with local substance abuse authorities and mental health authorities to provide a continuum of services in accordance with division policy, contract provisions, and the local plan,
- Assure that these requirements are met and applied uniformly by local substance abuse authorities and mental health authorities across the state,
- Conduct an annual program audit and review of each local substance abuse authority and mental health authority in the state and its contract provider in a review and determination that public funds allocated to by local substance abuse authorities and mental health authorities are consistent with services rendered and outcomes reported by them or their contract providers,
- Each local substance abuse authority and each mental health authority is exercising sufficient oversight and control over public funds allocated for substance abuse and mental health programs and services, and
- Other items determined by the division to be necessary and appropriate.

Non-Compliance Issues, Action Plans and Timelines

This report is organized into individual sections, in which inadequacies will be identified and discussed. Inadequacies are assigned a level of severity based on the combined judgment of the monitoring team. In order to fully understand the degree of severity, a short discussion of the inadequacy levels follows.

A **major non-compliance issue** is non-compliance in contract requirements which affect the imminent health, safety, or well being of individuals. In cases of non-compliance at this level, a written corrective action plan must be completed by the Local Authority immediately and compliance must be achieved within 24 hours or less.

It should be noted that in extreme cases where, in the professional opinion of the monitoring team, an elevated threat of imminent health, safety, or well being of individuals exists, contract payments may be suspended indefinitely.

A **significant non-compliance issue** is either 1) non-compliance with contract requirements that do not pose an imminent danger to clients but that result in inadequate treatment or care that jeopardizes the well being of individuals; OR 2) non-compliance in required training, paperwork, and/or documentation that are so severe or pervasive as to jeopardize the effectiveness of services and continued contract funding. This type of finding will also require the submission of a written corrective action plan in which the Local Authority identifies the steps it will take to rectify the issue and a time frame for accomplishing the correction. The due date for this submission shall be within 10 working days of receipt of the draft monitoring report by the Local Authority. Compliance must be achieved within 30 days of receipt of the draft monitoring report. Verification of the resolution may be accomplished in several ways including a follow-up visit, measurement during the next site review, a review of training documentation, a review of data submitted subsequent to the correction or a combination of these or any other method determined adequate to measure the resolution.

A **minor non-compliance issue** results when the reviewers identify a performance inadequacy that is relatively small in scope and does not impact client well being or jeopardize funding. This type of finding will require the submission of a written corrective action plan in which the Local Authority identifies the steps it will take to rectify the issue and a time frame for accomplishing the correction. The due date for this submission shall be within 15 working days of receipt of the draft monitoring report by the Local Authority. Compliance must be achieved within 60 days of receipt of the draft monitoring report. Verification of the resolution may be accomplished in several ways including a follow-up visit, measurement during the next site review, a review of training documentation, a review of data submitted subsequent to the correction or a combination of these or any other method determined adequate to measure the resolution.

A **deficiency** results when the contractor is not in full compliance, but the deficiency discovered is not severe enough to be categorized as a non-compliance issue. A written corrective action

plan is required without a formal timeline. However, the monitoring team may request action to fix the problem by a given date.

A **recommendation** occurs when the contractor is in compliance. The Division is simply making a best practice or technical suggestion. The contractor is encouraged to implement the suggestion but not required.

In rare instances, a non-compliance issue from a previous year may continue unresolved at the time of the monitoring site visit. A recurring non-compliance issue will be prominently displayed in the current monitoring report and will require special attention by the Local Authority to ensure its immediate resolution.

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Brent Kelsey
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Eric Tadehara
erictadehara@utah.gov

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Jeremy Christensen
Jeremy@Utah.gov

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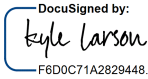
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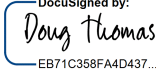
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Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp

<p>Richard Bullough rbullough@summitcounty.org Director Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	<div>COPIED</div>	<p>Sent: 8/7/2019 10:49:33 AM</p>
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<p>Aaron Newman anewman@summitcounty.org Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	<div>COPIED</div>	<p>Sent: 8/7/2019 10:49:34 AM</p>
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<p>Cindy Keyes ckeyes@summitcounty.org Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	<div>COPIED</div>	<p>Sent: 8/7/2019 10:49:35 AM</p>
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<p>Gary Larcenaire garyl@valleycares.com Chief Executive Officer Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure:</p>	<div>COPIED</div>	<p>Sent: 8/7/2019 10:49:36 AM</p>
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Carbon Copy Events	Status	Timestamp
Not Offered via DocuSign		
Cristie Frey cristief@valleycares.com Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	<div>COPIED</div>	Sent: 8/7/2019 10:49:37 AM

Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	8/7/2019 10:49:37 AM
Certified Delivered	Security Checked	8/7/2019 10:49:37 AM
Signing Complete	Security Checked	8/7/2019 10:49:37 AM
Completed	Security Checked	8/7/2019 10:49:37 AM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure
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